



## EWB-OC MEMBERSHIP FORM

Please indicate your Membership Level (Circle one)

**GENERAL MEMBER**

I want to attend meetings and events, and volunteer at the local level.

**ACTIVE MEMBER**

I want to be a paid member and be highly involved in a project.

(Eligible to travel on EWB projects & vote in the board elections.)

### GENERAL MEMBER INFORMATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Phone No: \_\_\_\_\_

Title: \_\_\_\_\_

Current Year: \_\_\_\_\_

### MEMBER SKILLS & INTEREST INFORMATION

Please list your area(s) of expertise, abilities, professional/volunteer background, and certifications.

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Please list technical abilities & disciplines available at your company or firm.

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Please list foreign language skills and indicate proficiency in each.

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Please indicate projects in which you are interested or already involved.

- Kenya, Footbridge     El Salvador, Water Tank     Honduras, Computer Network

Please indicate how would you like to get or stay involved in EWB-OC.

- Engineering     Fundraising     Social Activities  
 Health     Event Planning     Marketing  
 Education     Local Service Project     Other: \_\_\_\_\_

### MEMBERSHIP STATUS

- I HAVE paid annual dues to EWB-USA and selected EWB-OC as my professional chapter.  
 I HAVE paid annual dues to EWB-USA *through ASCE* or another organization (State Name of Organization: \_\_\_\_\_) and selected EWB-OC as my professional chapter.  
 I INTEND to pay annual dues to EWB-USA and will email confirmation or receipt of my membership to [pruparel@ewb-oc.org](mailto:pruparel@ewb-oc.org). *I understand that I will not be considered an Active Member or be eligible for EWB travel until my confirmation is received by EWB-OC.*